

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street) ▼

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

02

01

2016

02

29

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer

Ken A. Crerar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

03

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		982662.06
(b) Cash on Hand at Beginning of Reporting Period.....	946863.61	
(c) Total Receipts (from Line 19)	134524.96	148328.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1081388.57	1130990.64
7. Total Disbursements (from Line 31)	83968.21	133570.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	997420.36	997420.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
02 01 2016

To:

M M / D D / Y Y Y Y Y
02 29 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

125237.38

132089.86

(ii) Unitemized

9287.58

16238.72

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

134524.96

148328.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

134524.96

148328.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

134524.96

148328.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

134524.96

148328.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3968.21	4570.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3968.21	4570.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	129000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83968.21	133570.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83968.21	133570.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	134524.96	148328.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	134524.96	148328.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3968.21	4570.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3968.21	4570.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Martin P HughesMailing Address 189 East Bellevue Place
7E

City	State	Zip Code
Chicago	IL	60611-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International Limited (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 39244398

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert T Cawley

Mailing Address 25 Treadwell Ct

City	State	Zip Code
Lutherville	MD	21093-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer

RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 39244400

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey M Klein

Mailing Address 9807 Glastonbury Ct

City	State	Zip Code
Charlotte	NC	28270-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T Insurance Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 39244404

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Christopher J Nadeau

Mailing Address 54 North Mill St

City

Hopkinton

State

MA

Zip Code

01748-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Gallagher Assoc. Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244405

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Jacquelyn Gould

Mailing Address 366 Cottage Ave

City

Glen Ellyn

State

IL

Zip Code

60137-4444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assurance Agency, Ltd. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244406

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Harold W Wells IV

Mailing Address 2606 Mimosa Pl

City

Wilmington

State

NC

Zip Code

28403-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harold W. Wells & Son, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244407

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Nancy M Mellard

Mailing Address 14709 Delmar St

City

Leawood

State

KS

Zip Code

66224-9545

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBIZ Benefits & Insurance Services Gro

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016
Transaction ID : 39244408

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Mark C Counselman

Mailing Address 113 Churchwardens

City

Baltimore

State

MD

Zip Code

21212-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer

RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016
Transaction ID : 39244416

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Anita L Verheul

Mailing Address 109 Hillside Ave

City

Arlington

State

MA

Zip Code

02476-7268

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Gallagher Assoc. Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016
Transaction ID : 39244417

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kerry Finnegan

Mailing Address 383 Addison Avenue

City

Elmhurst

State

IL

Zip Code

60126-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercer

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244418

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Austin L Madison

Mailing Address 6429 Worchester Drive

City

Nashville

State

TN

Zip Code

37221-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crichton Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244420

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Dan Gowen

Mailing Address 406 Otis Ave.

City

Downers Grove

State

IL

Zip Code

60515-3858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells Fargo Insurance Services, Inc. (

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244421

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Steven Handmaker

Mailing Address 1750 E Golf Rd Ste 1100

City State Zip Code
 Schaumburg IL 60173-5067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assurance Agency, Ltd. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244430

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. William R Wilkerson IV

Mailing Address 6731 Rainbow Avenue

City State Zip Code
 Mission Hills KS 66208-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Haas & Wilkerson, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244432

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Joseph Callister

Mailing Address 1442 N Fairway Dr

City State Zip Code
 Cedar City UT 84721-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

02 / 12 / 2016

Transaction ID : 39244433

Amount of Each Receipt this Period

2.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3502.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Brenda Buckerfield

Mailing Address 1000 Morningside Mountain Road

City State Zip Code
 Glen Ellen CA 95442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beere & Purves Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 12 / 2016

Transaction ID : 39244459

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert W Reiff

Mailing Address 3 Picardy Lane

City State Zip Code
 Saint Louis MO 63124-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lockton, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244460

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Ed Zurek

Mailing Address 1750 E Golf Rd Ste 1100

City State Zip Code
 Schaumburg IL 60173-5067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assurance Agency, Ltd. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244461

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Roderick Cruickshank

Mailing Address 3403 Barrington Drive

City

West Linn

State

OR

Zip Code

97068-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners Group, Ltd, The

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244462

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Andrew Butler

Mailing Address 800 Main Street

City

Dubuque

State

IA

Zip Code

52001-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244471

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Amy F Roberti

Mailing Address 701 Pennsylvania Ave NW
Suite 750

City

Washington

State

DC

Zip Code

20004-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Council of Insurance Agents and Broker

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39244485

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Scott E Trofholz

Mailing Address 17556 Baywood Dr

City

Omaha

State

NE

Zip Code

68130-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harry A. Koch Co. (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	19	/	2016

Transaction ID : 39244497

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert M Harrison

Mailing Address 621 East Polo Drive

City

Clayton

State

MO

Zip Code

63105-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Daniel & Henry Company (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	19	/	2016

Transaction ID : 39244500

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James S Garbina

Mailing Address 16510 Summit Dr

City

Omaha

State

NE

Zip Code

68136-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harry A. Koch Co. (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	19	/	2016

Transaction ID : 39244501

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Scott A Sinder

Mailing Address 1714 N. Edgewood Street

City State Zip Code
Arlington VA 22201-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steptoe & Johnson, LLP

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 39244502

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John J Tallarida

Mailing Address 3090 Holyrood Dr

City State Zip Code
Oakland CA 94611-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : 39244514

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Charles A Rosson

Mailing Address 3344 Las Huertas Road

City State Zip Code
Lafayette CA 94549-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2016

Transaction ID : 39244545

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brian P Dantzig

Mailing Address 732 Summit Creek Lane

City

Pleasanton

State

CA

Zip Code

94566-3847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 39244569

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Joseph Callister

Mailing Address 1442 N Fairway Dr

City

Cedar City

State

UT

Zip Code

84721-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : 39244574

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kerry Dantzig I

Mailing Address 1350 Carlbak Ave

City

Walnut Creek

State

CA

Zip Code

94596-7299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 39244615

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1752.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Benjamin Stern

Mailing Address 837 12th Court

City

Manhattan Beach

State

CA

Zip Code

90266-4907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

02 / 23 / 2016

Transaction ID : 39244622

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Erika James

Mailing Address 188 Spear St
Suite 550

City

San Francisco

State

CA

Zip Code

94105-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 39244657

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Jennifer G Walsh

Mailing Address 1460 Bernal Ave

City

Burlingame

State

CA

Zip Code

94010-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2016

Transaction ID : 39245017

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Joseph Callister

Mailing Address 1442 N Fairway Dr

City State Zip Code
 Cedar City UT 84721-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

02 / 01 / 2016

Transaction ID : 39245019

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John E Butler

Mailing Address 2000 South Grandview Avenue

City State Zip Code
 Dubuque IA 52003-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245021

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John W Doetzer

Mailing Address 11600 Whitetail Lane

City State Zip Code
 Ellicott City MD 21042-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consolidated Insurance Center, Inc. (H

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245024

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert Cohen

Mailing Address 5440 S Cottonwood Ct

City State Zip Code
 Littleton CO 80121-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA Financial Group, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245025

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth L Ewell

Mailing Address 8 Penny Ln

City State Zip Code
 Medford PA 08055-3476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graham Company (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245026

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Thomas E Riley

Mailing Address 1954 Bridgewater Dr.

City State Zip Code
 Lake Mary FL 32746-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AssuredPartners, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245028

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 19 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert J Hilb

Mailing Address 20 Lower Tuckahoe Rd West

City State Zip Code
 Richmond VA 23238-6108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilb Group, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245030

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Keith T Schuler

Mailing Address 3101 Willow Bend Dr

City State Zip Code
 Chico CA 95973-8616

FEC ID number of contributing
federal political committee.

C

Name of Employer

InterWest Insurance Services,LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245031

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Tom Coughlin

Mailing Address 11 Governor Road

City State Zip Code
 Flemington NJ 08822-7203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willis HRH

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245032

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 20 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David M Pruett

Mailing Address 311 Howard St

City

Mount Airy

State

NC

Zip Code

27030-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T - Blue Ridge Burke Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245033

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Eric O Leavitt

Mailing Address 2436 W Sunnyvale Cir

City

Cedar City

State

UT

Zip Code

84720-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245035

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James C Ward III

Mailing Address 412 W Brookfield Dr.
37205

City

Nashville

State

TN

Zip Code

37205-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crichton Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245036

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kurt Carlson

Mailing Address PO Box 1094

City State Zip Code
Tacoma WA 98401-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Propel Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : 39245038

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Adam Bruckman

Mailing Address 4358 Highborne Dr

City State Zip Code
Marietta GA 30066-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Digital Insurance, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : 39245039

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Shawn P Pynes

Mailing Address 1504 Vivaldi St

City State Zip Code
Cardiff By The Sea CA 92007-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barney & Barney, LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : 39245040

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Glenn A Spencer

Mailing Address 5524 Golden Bear Dr

City State Zip Code
 Overland Park KS 66223-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lockton , Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245042

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Donna Hargrove

Mailing Address 2010 Dartmouth Pl

City State Zip Code
 Charlotte NC 28207-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmWINS Group, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245043

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Thomas J Fitzgerald

Mailing Address 1765 Devonshire Ct

City State Zip Code
 Lake Forest IL 60045-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aon Benfield

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245046

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark C Benson

Mailing Address 413 North Shore Dr. SW

City

Knoxville

State

TN

Zip Code

37919-7567

FEC ID number of contributing
federal political committee.

C

Name of Employer

J. Smith Lanier & Co., Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 05 / 2016

Transaction ID : 39245048

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Heather Steinmiller

Mailing Address 2024 Pemberton St

City

Philadelphia

State

PA

Zip Code

19146-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Conner Strong & Buckelew (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2016

Transaction ID : 39245117

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mrs. Lisa G Hawker

Mailing Address 2334 Sunflower Ct

City

Perrysburg

State

OH

Zip Code

43551-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245552

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. George A Steadman III

Mailing Address 114 Point Lane

City State Zip Code
Saint Simons Island GA 31522-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutherford/MMA

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245553

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John Nelson

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warner Pacific Insurance Services, Inc

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245554

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Peter F Cella

Mailing Address 4 Crockett Dr

City State Zip Code
Moraga CA 94556-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beere & Purves Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245555

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kerry B Drake

Mailing Address 6448 Province Ln

City

Baton Rouge

State

LA

Zip Code

70808-3578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright & Percy BancorpSouth

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245556

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Jonathan M Trevisan

Mailing Address 21 Tinkers Ledge Rd.

City

Duxbury

State

MA

Zip Code

02332-4302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willis HRH

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245557

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Steve L Brockmeyer

Mailing Address 1420 Oak Meadow Rd

City

Arcadia

State

CA

Zip Code

91006-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bolton & Company Insurance Brokers (HQ

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245558

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David C Jacobs

Mailing Address 31147 Huntington Woods Pkwy

City State Zip Code
Bay Village OH 44140-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : 39245559

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Keith Dolan

Mailing Address 19 Century Drive

City State Zip Code
Ballston Spa NY 12020-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : 39245562

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Thomas E Hughes

Mailing Address 1702 Alameda Dr

City State Zip Code
Chico CA 95926-7757

FEC ID number of contributing
federal political committee.

C

Name of Employer

InterWest Insurance Services, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : 39245563

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mitchell C Andrews

Mailing Address 28 Hidden Brook Dr

City

North Barrington

State

IL

Zip Code

60010-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

427.62

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2016
Transaction ID : 39245564

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Walter R Fawcett III

Mailing Address 310 Macalpin Ct

City

Barrington

State

IL

Zip Code

60010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.20

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2016
Transaction ID : 39245569

Amount of Each Receipt this Period

416.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. William H Lacey

Mailing Address 5321 Pebblebrook Dr

City

Dallas

State

TX

Zip Code

75229-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2016
Transaction ID : 39245592

Amount of Each Receipt this Period

166.68

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

791.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jared Pope

Mailing Address 6125 Penrose

City State Zip Code
 Dallas TX 75214-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Plexus Groupe LLC, The

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2016

Transaction ID : 39245598

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Christine M Kenyon

Mailing Address 828 John Nolen Drive

City State Zip Code
 Madison WI 53713-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 12 / 2016

Transaction ID : 39245601

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia Van Asten

Mailing Address 480 Pilgrim Way

City State Zip Code
 Green Bay WI 54304-5280

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 12 / 2016

Transaction ID : 39245611

Amount of Each Receipt this Period

208.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Conner

Mailing Address 1774 Garraux Place

City State Zip Code
 Atlanta GA 30327-2449

FEC ID number of contributing federal political committee.

C

Name of Employer
 Ironwood Insurance Services, LLC

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 17 2016

Transaction ID : 39245644

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Grealish

Mailing Address 920 Ft. Duquesne Boulevard

City State Zip Code
 Pittsburgh PA 15222-3602

FEC ID number of contributing federal political committee.

C

Name of Employer
 Henderson Brothers, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 17 2016

Transaction ID : 39245645

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jessica Huber

Mailing Address 6466 E Santa Aurelia

City State Zip Code
 Tucson AZ 85715-3128

FEC ID number of contributing federal political committee.

C

Name of Employer
 Lovitt & Touche', Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 17 2016

Transaction ID : 39245646

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Albright

Mailing Address 2231 GREENWOOD AVENUE

City State Zip Code
 WILMETTE IL 60091-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International Illinois

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 17 / 2016

Transaction ID : 39245647

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Brian Robertson

Mailing Address 2905 Izoro Bend

City State Zip Code
 Cedar Park TX 78613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fringe Benefit Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 02 / 17 / 2016

Transaction ID : 39245650

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Steven S Williams

Mailing Address 180 Howard Street, Suite 200

City State Zip Code
 San Francisco CA 94105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 02 / 17 / 2016

Transaction ID : 39245652

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bruce L. Ferguson

Mailing Address 1006 Doric Circle

City

Louisville

State

KY

Zip Code

40205-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Underwriters Group (HQ), The

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245657

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Dirk D DeJong

Mailing Address 2401 NE 32nd Ct

City

Lighthouse Point

State

FL

Zip Code

33064-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frank H. Furman, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245659

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James L Bailey

Mailing Address 4522 Mystique Way

City

Roswell

State

GA

Zip Code

30075-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pritchard & Jerden, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 39245662

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

125237.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John McCain Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

Mailing Address PO Box 16664

City	State	Zip Code
Arlington	VA	22215

Purpose of Disbursement

011

Transaction ID : 39236995

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Candidate Name

Sen. John S. McCain

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ District:

Full Name (Last, First, Middle Initial)

B. Friends Of John McCain Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

Mailing Address PO Box 16664

City	State	Zip Code
Arlington	VA	22215

Purpose of Disbursement

011

Transaction ID : 39237015

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Candidate Name

Sen. John S. McCain

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ District:

Full Name (Last, First, Middle Initial)

C. The Fund for the Majority

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 600 PENNSYLVANIA AVE SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Transaction ID : 39237035

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

The Fund for the Majority

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

PAGE 34 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lahood For Congress

Mailing Address P.O. Box 10735

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement

Candidate Name

Rep. Darin LaHood

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 18

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237038

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City	State	Zip Code
Media	PA	19063

Purpose of Disbursement

Candidate Name

Patrick Meehan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 07

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237039

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SACPAC

Mailing Address P.O. BOX 455

City	State	Zip Code
ALEXANDRIA	VA	22313

Purpose of Disbursement

Candidate Name

SACPAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237041

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. McHenry Leadership FundMailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237042

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

Candidate Name

Rep. Bill HuizengaOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 02Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237044

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

Candidate Name

Doris MatsuiOffice Sought: ☒ House
☐ Senate
☐ President
State: CA District: 05Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237046

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

011

Candidate Name

Doris Matsui

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237047

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City	State	Zip Code
Collingswood	NJ	08108

Purpose of Disbursement

011

Candidate Name

Donald Norcross

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237051

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donald Norcross For Congress

Mailing Address PO Box 160

City	State	Zip Code
Collingswood	NJ	08108

Purpose of Disbursement

011

Candidate Name

Donald Norcross

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237052

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blum For Congress

Mailing Address 2728 Asbury Road Suite 400

City Dubuque	State IA	Zip Code 52001
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Rep. Rod Blum

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237059

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh	State NC	Zip Code 27624
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Rep. Renee Ellmers RN

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237063

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas	State TX	Zip Code 75382
----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Rep. Jeb Hensarling

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237064

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement

011

Candidate Name

Rep. Jeb Hensarling

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 39237065

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

Patrick Toomey

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : 39237066

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

Patrick Toomey

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : 39237067

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Turning Point America PAC

Mailing Address PO BOX 6081

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Turning Point America PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 39237069

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City	State	Zip Code
Concord	NC	28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Hudson Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237070

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Emmer For Congress

Mailing Address PO Box 998

City	State	Zip Code
Anoka	MN	55303

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Earl Emmer Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: MN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237071

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Emmer For Congress

Mailing Address PO Box 998

City	State	Zip Code
Anoka	MN	55303

Purpose of Disbursement

011

Candidate Name

Rep. Tom Earl Emmer Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237072

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City	State	Zip Code
San Bernardino	CA	92423

Purpose of Disbursement

011

Candidate Name

Rep. Pete Aguilar

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237074

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cole For Congress

Mailing Address P.O. Box 722256

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement

011

Candidate Name

Rep. Thomas Cole

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 39237075

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City

State

Zip Code

Norman

OK

73070

Purpose of Disbursement

011

Candidate Name

Rep. Thomas ColeCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: OK

District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2016**Transaction ID : 39237076**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

80000.00